

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000730

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 70

Primary Registration District No. _____

Registrar's No. 3

FILED JAN 22 1962

1. PLACE OF DEATH

a. COUNTY

Clark

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Clark

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kahoka

Length of stay in 1b

Life

c. CITY OR TOWN

Kahoka

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Residence

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

852 N. Washington

(If outside, give location)
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

Paul

First

Middle

Last

Lakin

4. DATE OF DEATH

Jan. 6 - 1962

Month

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/30/1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Questioner

10b. KIND OF BUSINESS OR INDUSTRY

Self-employed

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edward Lakin

13b. MOTHER'S MAIDEN NAME

Sarah Hemenway

14. NAME OF HUSBAND OR WIFE

Henriette Lakin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Henriette Lakin

Address

Kahoka Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Arteriosclerotic

DUE TO (c)

Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-7-59 to 1-6-62 and last saw him alive on 1-6-62
Death occurred at 3 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

SA Channing D.O.

(Degree or title)

22b. ADDRESS

Kahoka Mo

22c. DATE SIGNED

1-7-62

23a. BURIAL, CREMATION, or other disposal (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

24b. ADDRESS

St. Pauls Cemetery

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mo

Charles L. Lutting

Kahoka Mo

1-15-62

J.H. Bremer

Mo

Mo

MAY 22 1962

JAN 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.